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CONFIRMATION NO. 8295

<b>SERIAL NUMBER</b> 10/505,178	<b>FILING OR 371(c) DATE</b> 08/31/2004 <b>RULE</b>	<b>CLASS</b> 034	<b>GROUP ART UNIT</b> 1734	<b>ATTORNEY DOCKET NO.</b> 258082US0PCT
<b>APPLICANTS</b> Mario Pinza, Corsico (Milano), ITALY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/04044 04/16/2003				
<b>** FOREIGN APPLICATIONS *****</b> ITALY MI2002A000986 05/10/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 8
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 22850				
<b>TITLE</b> Diclofenac-based composition for the topical treatment of oropharyngeal cavity disorders				
<b>FILING FEE RECEIVED</b> 1210	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	